ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(800) 869-0355, Ext. 4484 • Fax (800) 869-0368

Cancer Screening Claim Form
CLAIMANT STATEMENT

Policyowner's Name (*First, Middle, Last*)	Policy no.
Address (*Street address* / *City* / *State* / *Zip code +4*)	
Phone no. ( ) / Social Security no.	☐ Male ☐ Female / Policyowner's date of birth (*MM/DD/YYYY*)

CLAIM INFORMATION

1. Claimant's name (*First, Middle, Last*) _____ 2. Date of birth (*MM/DD/YYYY*) _____
3. Relationship to Policyowner _____
4. Name of medical provider _____ Phone no. ( ) _____
   Address of medical provider _____
5. Date of test (*MM/DD/YYYY*) _____ 6. Amount charged for screening test $ _____ 7. Is itemized billing attached to this form? ☐ Yes ☐ No
8. Screening test(s) completed:

☐ Mammography screening	☐ Hemocult stool specimen	☐ Chest X-ray
☐ Pap smear	☐ Flexible sigmoidoscopy	☐ Thermography
☐ CA125 *(blood test for ovarian cancer)*	☐ CEA (blood test for colon cancer)	☐ Serum protein electrophoresis
☐ PSA *(blood test for prostate cancer)*	☐ Colonoscopy	☐ Other *(specify)* _____

FRAUD NOTICES

Unless specific state language is provided below for your state of residence, the following general fraud notice applies.
Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.
CO: Knowingly providing false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud is unlawful. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent that knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant regarding amounts payable from insurance proceeds for the purpose of defrauding or attempting to defraud shall be reported to the Colorado Department of Regulatory Agencies, Division of Insurance.
FL: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony in the third degree.
GA: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject to a substantial civil penalty where and to the extent allowed by state law as determined by a court of competent jurisdiction.
KS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime as determined by a court of law and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.
KY: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
MA, MD: Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MN: Any solicitor, agent, examining physician or other person who knowingly and willfully makes a fake or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.
NC: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to a substantial civil penalty where and to the extent allowed by state law.
NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.
OR: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, and may be subject to a substantial civil penalty where and to the extent allowed by state law.
PA: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I hereby acknowledge that I have read the applicable state fraud information above.

I hereby certify the statements contained in this claim form are complete and accurate to the best of my knowledge.

Date (MM/DD/YYYY)	Signature of Policyowner or legal representative	Printed name of person completing this form